Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Katie Porter For Congress PO Box 5176 ADDRESS (number and street) (Check if address is changed) Irvine 92617 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS smele@mbacg.com (Check if address is changed) Optional Second E-Mail Address Idecot@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2020 C00636571 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Warren, Alexander, , , Type or Print Name of Treasurer Warren, Alexander, , , [Electronically Filed] 04 20 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

			- 0
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below	.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	nplete the candidate
Nam Cand	e of didate	Porter, Katherine, , ,	
	didate y Affiliati	on DEM Office Sought: X House Senate President	State CA District 45
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	2	
Katie Porter For	r Congress	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
California Candidates	Victory Fund 777 S. Figueroa St.	
Mailing Address	Suite 4050 Los Angeles CA 90017	ZIP CODE
	d Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor session of committee
Full Name Mele, Stev Full Name Mailing Address	Ste. 143 Washington DC 20003	
Title or Position	CITY STATE 2	ZIP CODE
Assistant Treasurer		
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nan assistant treasurer).	ne and address of
Full Name of Treasurer Warren, Ale	exander, , ,	
Title or Position	Irvine CA 92617 CITY STATE Z	ZIP CODE
Treasurer		

1201011	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Mele, Steven, , ,	
Mailing Address	611 Pennsylvania Avenue SE	
	Ste. 143	
	Washington DC 20003 CITY STATE Z	IP CODE
Title or Position Assistant Treas	urer Telephone number –	
safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds. Depository, etc.	accounts, rents
ічатіе от вапк, І		
ivarrie of Bank, I	Amalgamated Bank	
Mailing Address		
	Amalgamated Bank 1825 K Street NW	
	Amalgamated Bank	
	Amalgamated Bank 1825 K Street NW Washington DC 20006	IP CODE
	Amalgamated Bank 1825 K Street NW Washington CITY STATE Z	ZIP CODE
Mailing Address Name of Bank, I	Amalgamated Bank 1825 K Street NW Washington CITY STATE Z Depository, etc. TIAA Bank 501 Riverside Ave	LIP CODE
Mailing Address	Amalgamated Bank 1825 K Street NW Washington CITY STATE Z Depository, etc. TIAA Bank 501 Riverside Ave	

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(g) or ((h). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
_	4.		FEC ID number	С
. N	lame of Any Connected (Lofgren Victory Fu	Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	c/o Contribution Solutions LLC		
		1346 The Alameda #7-380		
		San Jose	L CA	95126
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponso
_			Tundraising Nepresent	Leadership FAC Sponso
_ . D		by name, address (phone number – optional)	undialsing hepresent	Leadership FAC Sponso
_ . D	esignated Agent: Identify		Tundraising Hepresent	Leadership PAC Sponso
_ . D	Pesignated Agent: Identify Full Name		Turidiasing Hepresent	Leadership PAC Sponso
_ . D	Pesignated Agent: Identify Full Name			Leadership PAC Sponso
_ . D	Pesignated Agent: Identify Full Name	by name, address (phone number – optional)		
_ . D	Pesignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
— В sa	Full Name Mailing Address TITLE OR POSITION Canks or Other Depositoria fety deposit boxes or mail	by name, address (phone number – optional) CITY Tel ies: List all banks or other depositories in which t	STATE A lephone Number	ZIP CODE A
— В sa	Full Name Mailing Address TITLE OR POSITION Canks or Other Depositoria fety deposit boxes or mai	by name, address (phone number – optional) CITY Tel ies: List all banks or other depositories in which t	STATE A lephone Number	ZIP CODE A
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— В sa	Full Name Mailing Address TITLE OR POSITION Canks or Other Depositoria fety deposit boxes or mailame of Bank, depository, etc.	by name, address (phone number – optional) CITY Tel ies: List all banks or other depositories in which t	STATE A lephone Number	ZIP CODE A
— В sa	Full Name Mailing Address TITLE OR POSITION Canks or Other Depositoria fety deposit boxes or mailame of Bank, depository, etc.	by name, address (phone number – optional) CITY Tel ies: List all banks or other depositories in which t	STATE A lephone Number	ZIP CODE A

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5(g) o	r(h). Joint Fundraising	p Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fund	draising Representati	ve, or Leadership PAC Sponsor
	Takano California	Wave		
	Mailing Address	PO Box 15320		
		Washington	DC	20003
	Relationship:	CITY ▲	STATE 4	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Join	nt Fundraising Represer	ntative Leadership PAC Sponsor
8	Designated Agent: Identify	by name address (phone number – optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY		ZIP CODE A
8.	Full Name	CITY	STATE A	ZIP CODE A
- 9.	Full Name Mailing Address TITLE OR POSITION	CITY A ies: List all banks or other depositories in which	Telephone Number	
-	Full Name Mailing Address TITLE OR POSITION	CITY A ies: List all banks or other depositories in which	Telephone Number	
-	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY A ies: List all banks or other depositories in which	Telephone Number	
-	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A ies: List all banks or other depositories in which	Telephone Number	
-	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A ies: List all banks or other depositories in which	Telephone Number	

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisin			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e. or Leadership PAC Spon
Red To Blue Victo			
Mailing Address	430 South Capitol Street SE		
Ç	2nd Floor		
	Washington	DC	20002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected Connec		t Fundraising Representa	Leadership PAC S
	by name, address (phone number – optional)	t Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identify		t Fundraising Hepresenta	Leadership PAC S
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esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	ries: List all banks or other depositories in which	STATE A	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Katie Porter Victo	ory Fund		
Mailing Address	611 Pennsylvania Ave SE		
	Ste 143 Washington	DC	20003
Relationship:	CITY A	STATE	E ▲ ZIP CODE ▲
Connected Agents Identi	fr by name address (phone number entional)		
	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	CITY A	STATE	

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi n			
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lama of Any Composted	Ownerinsting Affiliated Committee Joint Fundament	weising Denves autotiv	a ay Landayahin DAC Coop
Porter Rose Victo	Organization, Affiliated Committee, Joint Fund	raising nepresentative	e, or Leadership FAC Spon
1			
Mailing Address	910 17th St NW		
	Ste 925		
	Washington	DC	20006
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Sp
	d Organization Affiliated Committee Joint Joint y by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc.	y by name, address (phone number – optional) CITY CITY To	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc.	y by name, address (phone number – optional) CITY CITY To	STATE A	ZIP CODE A

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number]
	2.	F	FEC ID number	4
	3.	F	EC ID number	┙
	4	F	FEC ID number	
6.	Name of Any Connected Nadler Victory Fur	Organization, Affiliated Committee, Joint Fundraisin	ng Representative, or Leadership PAC Sponsor	r
	Mailing Address	200 W 79th St		Ш
		New York	NY 10024	Ш . П
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲	
	Connected	Organization Affiliated Committee	draising Representative Leadership PAC Spon	sor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			Ш
				Ш
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲	
	1	Toloph	none Number	
		Петергі	ione Number	
9.	Name of Bank,	ries: List all banks or other depositories in which the		
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which the		
9.	Name of Bank,	ries: List all banks or other depositories in which the		
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the		
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the		

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Mailing Address	491 2nd Ave S		
	Ste 303		
	Seattle	WA	98104
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joi	nt Fundraising Representa	Leadership PAC Sp
		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	Leadership PAC Sp
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